

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Habilitat Inc.</b>	<b>CHAPTER 98</b>
Address: <b>45-035 Kuhonu Place, Kaneohe, Hawaii 96744</b>	Inspection Date: <b>February 27, 2019</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA